File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

2009 NOV 30 PM 4: 24 **DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must t	be same as on Statement of Org	ganization)		
MOORE FOR	e CITY COUNCIL	-		FORM
(1)Statewide/Legislative/Judge (4)County Central Committee (e of committee you are reporting for Standing for Retention Candidate (5)County Candidate (6)City Can nty PAC (9)City PAC (10)School		(R	DR-2 ev. 07/2007) DISCLOSURE REPORT r Office Use Only mm. #
CANDIDATE COMMITTEES Candidate Name SKIP MOC Office Sought CITY COUNCIL		Political Party (if applicable) NA District (if Senate or House)	Sc. Co	gged in anned mputer dited
Late reports are subject to poss	sible civil and criminal penalties. P	Pursuant to Iowa Code sections 68B.32A		A.401(3), the candidate, for a 1//25/09 DATE SIGNED
I AM FILING A	11/21/09	REPORT FOR (1) ELECTION	//2\NON-E	E ECTION YEAR
	report date)	Indicate by #	-	LEO HOW TEAK.
CHECK IF AMENDMENT	· :			nittees, enter Date of Election
	nation) report and attach Notice to file reports until a DR-3 is file	a 1 '	County & Lo vhich Election	ocal Committees, enter County in on is held
STATEM	IENT OF CASH ON HAN	D		
CASH ON HAND at the begins committee. This amo	ning of the reporting period. (To ount MUST be the same as the	otal of all funds held by the	\$	5,774.87
CASH ON HAND at the begins committee. This amount of the last reporting p	ning of the reporting period. (To ount MUST be the same as the	otal of all funds held by the cash on hand at the end	\$	5,774.87
CASH ON HAND at the begins committee. This amo of the last reporting p	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to Y TAKEN IN THIS PERIOD	otal of all funds held by the cash on hand at the end		<u>5,774.87</u> 10,174.97
CASH ON HAND at the begins committee. This amo of the last reporting p ADD TOTAL MONE Schedule A: Cash C	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to Y TAKEN IN THIS PERIOD Contributions total (Attach Scheo	otal of all funds held by the cash on hand at the end first report filed.)		
CASH ON HAND at the begins committee. This amo of the last reporting p ADD TOTAL MONE Schedule A: Cash O Schedule F: Loans F	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is the contributions total (Attach Schedule Received total (Attach Schedule	otal of all funds held by the cash on hand at the end first report filed.)		
CASH ON HAND at the begins committee. This amo of the last reporting p ADD TOTAL MONE Schedule A: Cash C Schedule F: Loans F Schedule H: Total S	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is the contributions total (Attach Schedule Received total (Attach Schedule	otal of all funds held by the cash on hand at the end first report filed.) dule A) (*also see in-kind below) F) ach Schedule H)		10,174,97 -0- -0-
CASH ON HAND at the begins committee. This amount of the last reporting part of the last reporting par	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period of the contributions total (Attach Schedule sales of Campaign Property (Attach applies to Candidates' Com	otal of all funds held by the cash on hand at the end first report filed.)		
CASH ON HAND at the begins committee. This amount of the last reporting properties of the last repo	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period of the p	otal of all funds held by the cash on hand at the end first report filed.)	\$	10,174,97
CASH ON HAND at the begins committee. This arm of the last reporting part o	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is the contributions total (Attach Schedule Cales of Campaign Property (Att. Happlies to Candidates' Communications total (Attach Schedule By MONEY SPENT THIS PERIOD Citures total (Attach Schedule By MONEY SPENT THIS PERIOD CITUTES TOTAL (Attach Schedule By States)	otal of all funds held by the cash on hand at the end first report filed.) dule A) (*also see in-kind below) F) ach Schedule H) unittees Only) SUB-TOTAL	\$	10,174,97 -0- -0-
CASH ON HAND at the begins committee. This amount of the last reporting properties of the last repo	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period of this period of the	otal of all funds held by the cash on hand at the end first report filed.) dule A) (*also see in-kind below) ach Schedule H) substitutes Only) SUB-TOTAL O) (**also see debts and loans below)	\$	10,174,97 -0- -0- 15,949.84 12,866.75 -0-
CASH ON HAND at the begins committee. This amount of the last reporting properties of the last repo	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period of this period of the	otal of all funds held by the cash on hand at the end first report filed.) dule A) (*also see in-kind below) F) ach Schedule H) unittees Only) SUB-TOTAL	\$	10,174,97
CASH ON HAND at the begins committee. This arm of the last reporting part o	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period of the period of the period (Attach Schedule Sales of Campaign Property (Attach applies to Candidates' Community MONEY SPENT THIS PERIOD ditures total (Attach Schedule B) epayments total (Attach Schedule B) epayments total (Attach Schedule D)	otal of all funds held by the cash on hand at the end first report filed.)	\$	10,174,97 -0- -0- 15,949,84 12,866.75 -0- 3,083.09
CASH ON HAND at the begins committee. This arm of the last reporting part o	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period of this is the period total (Attach Schedule Bales of Campaign Property (Attach applies to Candidates' Community MONEY SPENT THIS PERIOD ditures total (Attach Schedule Bales) and the period (Attach Schedule Bales) are period (if final reporting period (if final reporting Deriod (if final reporting Schedule D)	otal of all funds held by the cash on hand at the end first report filed.)	\$\$	10,174,97 -0- 15,949.84 12,866.75 -0- 3,083.09 -0- 3,940.00
CASH ON HAND at the begins committee. This arm of the last reporting part o	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period or must be zero if this is to a same as the period of this period (Attach Schedule Sales of Campaign Property (Attach applies to Candidates' Commoney Spent This Period ditures total (Attach Schedule B) epayments total (Attach Schedule B) epayments total (Attach Schedule D - Attach Schedule D - Attach Schedule E - Attach Schedule F - Attach S	otal of all funds held by the cash on hand at the end first report filed.)	\$\$	10,174,97 -0- -0- 15,949,84 12,866.75 -0- 3,083.09 -0- 3,940.00 N/A
CASH ON HAND at the begins committee. This arm of the last reporting part o	ning of the reporting period. (To out MUST be the same as the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period of this is the period of this period (Attach Schedule Bales of Campaign Property (Attach applies to Candidates' Common MONEY SPENT THIS PERIOD ditures total (Attach Schedule Bales) and the period (if final reduced by the period of this reporting period (if final reduced by the period of this reporting period (if final reduced by the period of the period	otal of all funds held by the cash on hand at the end first report filed.)	\$\$	10,174,97 -0- 15,949.84 12,866.75 -0- 3,083.09 -0- 3,940.00
CASH ON HAND at the begins committee. This arm of the last reporting part o	ning of the reporting period. (To out MUST be the same as the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period or must be zero if this is the period of this is the period of this period (Attach Schedule Bales of Campaign Property (Attach applies to Candidates' Common MONEY SPENT THIS PERIOD ditures total (Attach Schedule Bales) and the period (if final reduced by the period of this reporting period (if final reduced by the period of this reporting period (if final reduced by the period of the period	otal of all funds held by the cash on hand at the end first report filed.)	\$\$	10,174,97 -0- -0- 15,949,84 12,866.75 -0- 3,083.09 -0- 3,940.00 N/A

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CONTRIBUTIONS	MONEY	TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
MOORE FOR CITY COUNCIL	

 SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
10/25/09	ID# CK#	WILLIAM MCCARTHY 5201 S.E. BZND ST. DES MOINES, IA 50320		\$100.00	
10/26/09	ID#	ISABELLA MARTURELLO 3620 S.W. 9th ST. DES MOINES, IA 50315		20.00	
10/26/09	ID# CK#	VERA SARASIO 3408 E. WASHINGTON AUE. DES MOINES, IA 50317		20.00	
10 26 09	ID#	SYLVIA MENDENHALL 2459 E. HIGHVIEW DR. DES MOINES, IA 50320		50.00	
10/27/09	ID#	F. DOW BATES 3706 E. 28th ST. DES MOINES, IA 60317		50.00	
10/27/09	ID# CK#	CHRISTINE PAGE 3547 S.W. 29th ST. DES MOINES, IA 50321		50.00	
10/27/09	ID#	GREGORY PAGE 3547 S.W. 29 ST. DES MOINES, IA 50321		50.00	
10/27/09	ID# CK#	WILLIAM GRAY 4617 FRANKLIN AUE. DES MOINES, IA 50310		25.00	
10/27/09	ID# CK#	DIANE SCHAEFER 703 ARTHUR AVE. DESMOINES, IA 50316		25,00	
10/27/09	ID# CK#	PAUL SADLER 740 CHEROKEEAVE. DES MOINES, TA 50316		50.00	
			SUB-TOTAL	440.00	1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of 7 (for Schedule A)

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(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) MOORE FOR CITY COUNCIL		CK THIS BOX II NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/28/09	ID# CK#	WILLIAM PAGE 527 E. SHERIDAN AVE. DES MOINES, IA 50313		\$ 100.00	
10/28/09	ID# CK#	KIM GIPPLE 2901 GRAND AVE., APT. 306 DES MOINES, IA 50312		150.00	
10/28/09	ID# CK#	KATIE KNUTSON 16 E. TITUS AVE. DES MOINES, IA 50315		20:00	
10/28/09	ID# CK#	JERRY SZUMSKI 2705 3955T. DES MOINES, IA 50310		48.25	
10/29/09	ID# CK#	LETHABEL LEMLEY 3225 MAHASKA AVE. DES MOINES, TA 50317		20.00	
10/29/09	ID# CK#	SHIRLEY BALLARD 113 S.W. SCHOOL ST. ANKENY, IA 50023		25.00	
10/29/09	ID# CK#	RENOTONSI 1540 CAPITOL AVE. DES MOINES, IA 50316		25.00	
10/29/09	ID# CK#	JEAN DARR 1040 E. SHAWNEE DES MOINES, IA 50313		50.00	
10/29/09		KITTIE WESTON-KNAUER 4503 WAKONDA PKWY. DES MOWES, I.A. 50315		50.00	
10/29/09	CK#	JOHN MEEKER 209 CYPRESS DR. HUXLEY, IA SOIX		50.00	
			SUB-TOTAL	T20 20	

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TOTAL (if last page of this schedule)

SCHEDULE

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FOR	Instruc	ctions.	266	ыаск	of Form	ł

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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			SUB-TOTAL	2 491 50	
10/30/09	ID# CK#	TIMOTHY URBAN 214 FOSTER DR. DES MOINES, IA 50312	-	100.00	
10/30/09	ID# CK#	CHARLES WHITLATCH 807 PHILIPST. DES MOINES, IA SOBIS		50.00	
10/30/09	ID# CK#	DICK WILDERMAN 4423 - 46 5 ST. DES MOINES, IA 50310		25.00	
10/30/09	ID# CK#	HARLAN DONALDSON 4143 KNOB HILL DR. DES MOINES, IA 50317		20.00	
10129/09	ID# CK#	KEVIN HOLZHAUSER 4880 HUBBELL AVE. DES MOINES, IA 50317		48.25	
10/29/09	ID# CK#	JOANN MULPOON 1338 - 18 th ST. DES MOINES, IA 50314		48,25	
10/29/09	ID# CK# 1019	POLICE OFFICERS FOR GOOD GOVERNMENT 25 E. FIRST ST. DES MOINES, IA 50309		2,000.00	
10/29/09	ID# CK#	UNITEMIZED CONTRIBUTIONS		100.00	
10/29/09	CK#	JAMES DANK 1515 E. 38 th ST. DES MOINES, IA 50317		50.00	
10/29/09	CK#	HARLEY RYNNING 1110 FREMONT ST. DES MOINES, IA 50316		\$50.00	
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME

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Page 3 of 7 (for Schedule A)

For Instructions,	See	Back	of	Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/31/09	ID# CK#	EVA HORSTMAN 1720 YORK ST. DES MOINES, IA 50316		\$ 20.00	
11/02/09	ID# CK#	CAROL FETTERS 3111 DUBUQUE AVE. DES MOINES, IA 50317		20.00	
11/03/09	ID# CK#	VICTORIA BERG 3701 WRIGHT ST. DES MOINES, IA 50316		10.00	V
11/03/09	ID# CK#	MARY CAMPOS 203 E. 16 ST. DES MOINES, IA 50316		20.00	~
11/03/09	ID# CK#	SHANNON ENFIELD 2817 N.E. AURORA AVE. DES MOINES, IA 50317		20.00	
11/03/09	ID# CK#	UNITEMIZED CONTRIBUTION		20.00	V
11/03/09	ID# CK#	NADINE HOGATE 1742 E. WALNUT DES MOINES, IA 50316		25.00	V
11/03/09	ID# CK#	JANIS BOWDEN 1250 E. 37 ST. DES MOINES, IA 50317		50.00	/
11/03/09	ID# CK#	JOHNMORRISSEY 2913 OKFOLD ST. DES MOINES, IA 50313		500.00	
11/04/09	ID# CK#	JUDITH MCCLULE 654-1955. DES MOINES, IA 50314		20.00	
			SUB-TOTAL	\$705.00	

TOTAL (if last page of this schedule)

by relative making a contribution to the

Page 4 of 7 (for Schedule A)

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For	Instructions.	See	Back	of Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organ	uzation)
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MOORE FOR CITY COUNCIL	
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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATÉ RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
11/05/09	CK# 1085	CIVIL SERVANTS POLITICAL EDUC.LEAG 2121 DELAWARE AVÉ: DES MOINES, TA 50317	HE	\$1,000.00	
11/05/09	ID# 9716 CK# 2253	IBEW LOCAL 347 850-18 ST. DES MOINES, IA 50314		1,000.00	
11/05/09	ID# 6089 CK# 475	OPERATING ENGINEERS LOCAL # 234 4880 HUBBELL AVE: DES MOINES, IA 50317	·	1,000.00	
11/06/09	CK#	NANCY MªKLVEEN 5803 N. WATERBURY RD. DES MOINES, IA 50312		50.00	
11/06/09	CK#	JOSEPH MADONIA 2383 S. 13th ST. WEST DES MOINES, IA 50265		50.00	
11/10/09		CENTRALIONA BUILDING AND CONSTRUCTION TRADES COUNCIL P.O. Box 7310 DES MOINES, IA 50309		1,000.00	
11/10/09	CK# <i>1542</i>	GREAT PLAINS LABORERS PISTRICT COUNCIL IOWA 5806 MEREDITHDR., SUITE B DES MOINES, IA 50322		1,000.00	
11/13/09	ID# CK#	LORRAINE ELDREDGE 1115 FREMONT ST. DES MOINES, IA 50316		25.00	
11/13/09	ID# CK#	NANCY JEWETT 2421 MARYLAND PIKE DES MOINES, IA 50310		50.00	
11/13/09		SOUTH CENTRAL IOWA FEDERATION OF LABOR AFL-CIO 2000 WALKER ST. DES MOINES, IA 50317		200.00	
			SUB-TOTAL	5375 co	

TOTAL (if last page of this schedule)

Page 5 of 7 (for Schedule A)

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For	Instruc	tions	See	Back	of	Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
MOORE FOR City Council	

 SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/16/09	ID# CK#	B.J. BELL 2612 CAPITOL AVE. DES MOINES, IA-50317		\$ 30.00	
11/16/09	ID# CK#	MARTIN MAUK 2701 ARTHUR AVE. DES MOINES, IA 50317		100.00	
11/16/09	ID# CK#	UNITEMIZED CONTRIBUTIONS		30.22	
11/20/09	ID# CK#	UNITEMIZED CONTRIBUTIONS		40.00	
11/21/09	ID#	BILL DOUGLAS 1406 MONDAMIN AVE. DES MOINES, IA 50314		20.00	
11/21/09	ID# CK#	KENNETH KRUSE 6790 SE 365 ST. DES MOINES, IA 50320		20.00	
11/21/09	ID# CK#	EVA HORSTMAN 1720 YORK ST. DES MOINES, IA 50316		20.00	
11/21/09	ID# CK#	AMY PLYMAT 6892 NW 93 CT. JOHNSTON, IA 50131		20.00	
11/21/09	ID# CK#	VERA SARASIO 3408 E. WASHINGTON AVE. DES MOINES, IA 50317		20.00	
11/21/09	ID# CK#	WILLIAM GRAY 4617 FRANKLIN AVE. DES MOINES, IA 50310		25.00	
	1		SUB-TOTAL	\$325.22	

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Page 6 of 7 (for Schedule A)

For Instructions, Sec	e Back of Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must I	be same as on Statement of Organization)
MOORE FOR	CITY COUNCIL

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

			SUB-TOTAL		
	CK#	N/A			
	ID#	7.//.			
	ID# CK#	N/A			
	CK#	N/A			
	ID#	. / / 1			
	CK#	N/A			
	ID#				
	CK#	N/A			
	ID#	ACKWORTH, IA 50001			
11/21/09	CK#	STACI APPEL 10901 - 180 5 AVE.		100.00	
	CK#	DES MOINES, IA 50313			L
11/21/09	ID#	WILLIAM WHEELER 3613 6th AVE.		50.00	
	CK#	4002 8th PL. DES MOINES, IA 50313		٠٠٠.	
11/21/09	ID#	T.J. PAULSON		50.00	
	CK#	1118 - 45 5 ST. DES MOINES, IA 50311		50.00	
11/21/09	ID#	DOUGLAS OLSON 1118 - 45 5 ST.			
11/21/09	CK#	200 S. 30th ST. WEST DES MOINES, IA 50265		\$ 50.00	
ulada	NUMBER ID#	R.G. NOVAK			INCOME
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	RECEIVED	√ IF FOR FUND- RAISER

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 7 of 7 (for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

			-				
COMMITTEE	NAME	(Must	be	same as o	on	Statement o	f Organization)

MOORE FOR CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/27/09	ID# CK# <i>105</i> 8	MARLON MORMANN 3320 KINSEY AVE. DES MOINES, IA 50317	COMMUNICATION EXPENSE FOR AUTOMATED CALLS	\$ 110.00
10/27/09	ID# CK# <i>]059</i>	VICTORY STORE, COM 5200 S.W. 304 ST. DAVENPORT, IA 52801	COMMUNICATION EXPENSE FOR AUTOMATED CALLS	617.00
10/29/09	ID# . CK# /060	U.S. POSTMASTER 1165 2nd ST. PES MOINES, IA 50306	POSTAGE FOR MASS MAILER	2,073.58
10/30/09	ID# CK# [06]	POLK COUNTY PEMOCRATS 5661 FLEUR DR. DES MOINES, IA 50321	DINNER EXPENSE FOR CAMPAIGN	25.00
11/02/09	ID# CK# 1062	COPY SYSTEMS 920 E. 21 ST ST. DES MOINES, IA SO317	PRINTING BIO SHEETS AND CHECK REQUEST FORMS	3.7/
11/03/09	ID# CK# <i>[063</i>	CARTER PRINTING 1739 E. GRANDAVE. DES MOINES, IA 50316	PRINTING CAMPAIGN CARDS	333.90
11/03/09	ID# CK# <i>1064</i>	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, TA 50316	PRINTING CAMPAIGN MAILER	1,426.76
11/03/09	ID# CK# 1065	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, IA SO316	PRINTING POSTCARD MAILER	1,426.76
			SUB-TOTAL TOTAL (if last page of this schedule)	\$6,016.71 \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE				
В	MONETARY			
(Rev. 07/03)	EXPENDITURES			
CHECK THIS BOX IF				

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/03/09	ID# CK# 1066	MARLON MORMANN 3320 KINSEY AVE. DES MOINES, IA 50317	COMMUNICATIONS EXPENSE FOR AUTOMATED CALLS	\$ 300.00
11/06/09	ID# CK# 1067	MITCH HENRY 1900 M.L. KING PKWY. DES MOINES, IA 50314	CAMPAIGN WORKER	400.00
11/06/09	ID#	KAREN SHOOPMAN 3804 INDIANAPOLISAVE. DES MOINES, IA 50317		250.00
11/09/09	ID# CK# / 069	AMVETS POST #2 2818 5 AVE. DES MOINES, IA 50313	MEETING FOR ELECTION NIGHT	141.25
11/11/09	ID# CK# <i>1070</i>	SKIP MOORE 3822 E. 29th ST. DES MOINES, TA 50317	CAMPAIGN PHONECALLS, POSTAGE FOR THANK YOU CARDS, COMMITTEE MEETING LUNCHES, OFFICE SUPPLIES FOR MAPS AND	506.99
11/11/09	ID# CK# <i>1071</i>	KALENSHOOPMAN 3804 INDIANAPOLIS AVE. DES MOINES, IA 50317	OFFICE SUPPLIES FOR MAPS COPYING CHECKS FOR DEPOSITS	8.75
11/16/09	ID# CK# [072	SKIP MOORE 3822 E. 28th ST. DES MOINES, IA 50317	POSTAGE FOR CAMPAIGNMAILING OFFICE SUPPLIES FOR SIGNS FOOD FOR PHONE BANKING CALLERS	605.37
11/16/09	ID# CK# /073	MITCH HENRY 1900 M.L. KING PKWY, DES MOINES, IA 50314	PRINTER CARTRIDGES EXPENSE	22.88
			SUB-TOTAL	\$2,235.24
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must-also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

MOORE FOR CITY COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18/09	CK# 1074	U.S. POSTMASTER. PLEASANTHILL POST OFFICE PLEASANT HLL, IA 50327	POSTAGE FOR MAILING	\$ 132.00
11/19/09	ID# CK# <i>1075</i>	U.S. POSTMASTER 1165 2 ^M AVE. DES MOINES, IA 5030 V	POSTAGE FOR MASS MAILING	2,098.29
11/20/09	ID# . CK# 1076	MITCH HENRY 1900 M.L. KING PKWY. DES MOINES, IA 50314	CAMPAIGN WORKER	400.00
11/20/09	ID# CK# /077	HYVEE 2540 E. EUCLIO DES MOINES, IA 50317	FOOD FOR ELECTION NIGHT	127.71
11/20/09	ID# CK# 1078	MARLON MORMAN 3320 KINSEY AVE. DES MOINES, IA 50317	COMMUNICATION EXPENSE FOR AUMATED CALLS	500.00
11/20/09	ID# CK# 1079	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, TA 50316	PRINTING ENVELOPES AND LETTERHEAD	234.26
11/20/09	CK# 1080	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, TA 50316	PRINTING CAMPAIGN CARDS AND ABSENTEE BALLOTS	407.04
11/20/09	CK# 1081	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, TA 50316	PRINTING YARD SIGNS	715.50
			SUB-TOTAL	\$4.614.80

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME	(Must be sa	me as on S	tatement of Organization
MOORE	FOR	CITY	COUNCIL

AME	(Must be sa	ame as on l	Statement of Organization	٦)
E	FOR	CITY	Council	

SCHEDULE	
E	IN KIND
(Rev. 06/97)	CONTRIBUTIONS
	K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/28/09	MARLON MORMANN 3320 KINSEY AVÉ. DES MOINES, IA 50317		COMMUNICATION EXPENSE FOR AUTOMATED CALLS	\$ 10.00	
11/03/09	JANIS BOWDEN 1250 E. 37 5 ST. DES MOINES, IA 50317		COMMUNICATION EXPENSE FOR AUTOMATED CALLS	10.00	
11/03/09	MARLON MORMANN 3320 KINSEY AVE. DES MOINES, IA 50317		COMMUNICATION EXPENSE FOR AUTOMATED CALLS	20.00	
11/07/09	AFSCME 4320 NW 2 AVE. DES MOINES, IA 50313		COMMUNICATION EXPENSE FOR CALL POLLING CENTER	900.00	
11/21/09	POLICE OFFICERS FOR GOOD GOV'T. 25 E. FIRST ST. DES MOINES, IA 50309		RAPIO ADS	3,000.00	
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			SUB-TOTAL	· ·	

TOTAL (if last page of this schedule)

Page (for Schedule E)

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.